

ALTERNATIVE MATERIALS AND METHODS OF CONSTRUCTION AND/OR DESIGN

ALTERNATE SUBMITTAL FOR: _____

PROJECT: _____

BUILDING PERMIT NO.: _____ DATE ISSUED: _____

Dear Building Official;

This is to acknowledge our understanding that the alternate submittal(s) of plans for the above project will be charged the current hourly plan check rate with a minimum deposit of an estimated time spent on said review. The alternate submittal items shall not be installed until the Building Official has approved their design and submittal documents.

Requested by: _____ (Print) _____ (Sign)
Contractor: _____

Contact Person's Name: _____ Phone No.: _____



CITY OF DUBLIN • BUILDING & SAFETY DIVISION

100 Civic Plaza, Dublin, California 94568

Website: <http://www.dublin.ca.gov>

Phone: (925) 833-6620

Fax: (925) 833-6628

ALTERNATE MATERIALS OR METHODS OF CONSTRUCTION AND/OR DESIGN REQUEST

(Submit **two** copies of all documents, including plans showing the proposed alternate)

Staff: Alternate Material # _____	Date Requested _____
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Under the authority of DMC 7.28.140, the undersigned request approval of alternate materials and methods of construction is for:

Project Name: _____

Project Address: _____

Occupancy Group: _____ Type of Construction: _____ Sprinklered (Y/N): _____ No. of Stories: _____

Total Floor Area: _____ Floor Area Per Floor: _____ Tenant Floor Area: _____

Describe Use: _____

SUBJECT OF ALTERNATIVE (separate forms should be filled out for each different item): _____

CODE REQUIREMENT (specify code edition and section): _____

ALTERNATE PROPOSED: _____

JUSTIFICATION (Attach copies of any reference, test reports, expert opinions, etc. The Building Official may require that a consultant be hired by the applicant to perform test, research and analysis and submit a full report of evaluation to the Building Division for consideration and approval): _____

REQUESTED BY: (Print) _____ (Sign) _____

Owner: _____

Architect: _____

Engineer: _____

Contractor: _____

(Architect or Engineer must wet stamp and sign)

Contact Person's Name: _____ Phone No.: _____

Address: _____ City: _____ Zip: _____

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STAFF USE ONLY

Staff findings: _____

Staff Person: _____ Date: _____ Approval Recommended (Y/N) _____

Building Official: Approved/Denied Date: _____ Signed: _____